

STATE OF WYOMING, COUNTY OF GOSHEN  
VETERANS PROPERTY TAX EXEMPTION APPLICATION FOR TAX YEAR 20\_\_/20\_\_

TAX DISTRICT \_\_\_\_\_

NAME AND ADDRESS INFORMATION  
VETERANS - LAST NAME, FIRST NAME, MI

QUALIFYING SPOUSE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BRANCH: \_\_\_\_\_ CONFLICT: \_\_\_\_\_ DATE OF ENTRY: \_\_\_\_\_ DATE OF DISCHARGE: \_\_\_\_\_

PHYSICAL ADDRESS OF PRINCIPAL RESIDENCE (IF DIFFERENT THAN MAILING ADDRESS ABOVE) TELEPHONE NUMBER

**SECTION 1. (All new applicants to this county must complete this entire Section.)**

- a.  Yes  No I am applying for the veterans exemption in only this county for Tax Year 20\_\_/20\_\_. I have provided to this county a copy of my/my spouse's honorable discharge and any other documents required to determine my eligibility under W.S. 39-13-105.
- b.  Yes  No I have been a bona fide Wyoming resident for at least three (3) years at the time of claiming the exemption. Date of residency \_\_\_\_/\_\_\_\_/\_\_\_\_
- c.  Yes  No I have read the "Military Service Qualification" section on Page 1 of this form and I certify under penalty of perjury that I meet the eligibility criteria.

**If you answered "no" to any of the above 3 statements, STOP, you do not qualify for the Wyoming Veterans Exemption.**

**SECTION 2. (Previous qualifying applicants to this county may use this section.)**

By initialing the box to the left, I certify under penalty of perjury that I have previously qualified for the Wyoming Veterans Exemption in this county, and that I continue to meet all eligibility Requirements pursuant to W.S. 39-13-105 in effect for Tax year 20\_\_/20\_\_. I am applying for the veterans exemption in only this county for Tax Year 20\_\_/20\_\_.

**SECTION 3. (All applicants must complete this Section. Please initial the appropriate box[es].)**

As claimant applying for the Veterans exemption on my principal residence, I and/or my spouse are listed as an owner; property subject to trust created by or for the benefit of claimant and/or spouse; listed as owner on contract for deed.

As claimer applying for the Veterans exemption on motor vehicle, I and/or my spouse are listed as an owner; property subject to trust created by or for the benefit of claimant and/or spouse.

**SECTION 4. (Surviving spouses must complete this Section.)**

I am the surviving spouse of a previously qualified veteran and I meet the qualifying criteria listed for surviving spouses listed in the "Military Service Qualification" section on Page 1 of this form. By initialing the box to the left, I certify under penalty of perjury that this statement is true.

**CERTIFICATION. (All applications must contain a valid signature, date, and Social Security Number in order to be processed.)**

I certify under penalty of perjury that the information entered on this application is true, correct and complete to the best of my knowledge and belief.

Applicants signature \_\_\_\_\_ Date Signed \_\_\_\_\_ Veteran's Social Security Number (required) \_\_\_\_\_ -- \_\_\_\_\_ --- \_\_\_\_\_

**FOR OFFICE USE BELOW:**

PROPERTY TYPE (Real, Mobile Home, Vehicle, etc.)	Parcel ID Number, GEOPIN, or Vehicle License No.	Assessed Value Exempted on the application
_____	_____	\$_ _____
_____	_____	\$_ _____
_____	_____	\$_ _____